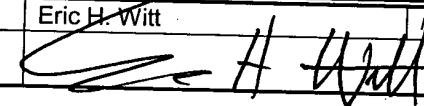
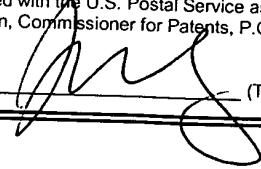


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

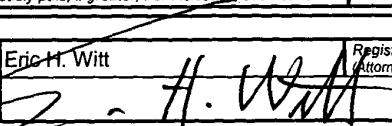
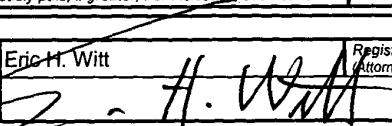
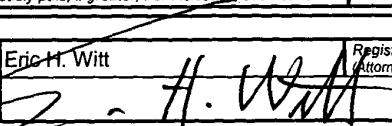
19704 U.S. PTO
1910/661165
09/11/03

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 543312000420
		First Inventor Ravinder S. DHALLAN
		Title METHODS FOR DETECTION OF GENETIC DISORDERS
		Express Mail Label No. EV336629286US
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		MS Patent Application
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (2 pages) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 340] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 33]</p> <p>5. Oath or Declaration [Total Sheets]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (2 pages)</p>		ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
		ACCOMPANYING APPLICATIONS PARTS
		<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>
		<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No.: PCT/US03/06198</p> <p>Prior application information: Examiner _____ Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>
19. CORRESPONDENCE ADDRESS		
<input type="checkbox"/> Customer Number:		25226 OR <input type="checkbox"/> Correspondence address below
Name _____		
Address _____		
City _____		State _____
Country _____		Zip Code _____
Telephone _____		Fax _____
Name (Print/Type) Eric H. Witt		Registration No. (Attorney/Agent) 44,408
Signature 		Date September 11, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV336629286US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: **9/11/03** Signature:  (Tamara Alcaraz)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003		Complete if Known																																																																																																																																																																																																																							
		Application Number		Not Yet Assigned																																																																																																																																																																																																																					
		Filing Date		Concurrently Herewith																																																																																																																																																																																																																					
		First Named Inventor		Ravinder S. DHALLAN																																																																																																																																																																																																																					
		Examiner Name		Not Yet Assigned																																																																																																																																																																																																																					
		Art Unit		Not Yet Assigned																																																																																																																																																																																																																					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$ 3611.00)																																																																																																																																																																																																																							
		Attorney Docket No. 543312000420																																																																																																																																																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6" style="text-align: center;">METHOD OF PAYMENT (check all that apply)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Check</td> <td style="text-align: center;"><input type="checkbox"/> Credit Card</td> <td style="text-align: center;"><input type="checkbox"/> Money Order</td> <td style="text-align: center;"><input type="checkbox"/> Other</td> <td style="text-align: center;"><input type="checkbox"/> None</td> <td></td> </tr> <tr> <td colspan="6" style="text-align: center;"><input checked="" type="checkbox"/> Deposit Account</td> </tr> <tr> <td colspan="6" style="text-align: center;">Deposit Account Number 03-1952</td> </tr> <tr> <td colspan="6" style="text-align: center;">Deposit Account Name Morrison & Foerster LLP</td> </tr> <tr> <td colspan="6">The Director is hereby authorized to: (check all that apply)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> Charge fee(s) indicated below</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Credit any overpayments</td> <td colspan="4"></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</td> <td colspan="4"></td> <td></td> </tr> <tr> <td colspan="6" style="text-align: center;"><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</td> </tr> <tr> <td colspan="6" style="text-align: center;">FEE CALCULATION</td> </tr> <tr> <td colspan="6"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6" style="text-align: center;">1. BASIC FILING FEE</td> </tr> <tr> <td style="text-align: center;">Large Entity</td> <td style="text-align: center;">Small Entity</td> <td colspan="4"></td> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td>1001</td> <td>750</td> <td>2001</td> <td>375</td> <td colspan="2">Utility filing fee</td> <td>375.00</td> </tr> <tr> <td>1002</td> <td>330</td> <td>2002</td> <td>165</td> <td colspan="2">Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>520</td> <td>2003</td> <td>260</td> <td colspan="2">Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>750</td> <td>2004</td> <td>375</td> <td colspan="2">Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td colspan="2">Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td colspan="3" style="text-align: right;">(\$ 375.00)</td> <td></td> </tr> <tr> <td colspan="6"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6" style="text-align: center;">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">Extra Claims</td> <td style="text-align: center;">Fee from below</td> <td colspan="3">Fee Paid</td> </tr> <tr> <td>Total Claims</td> <td>336</td> <td>-20** =</td> <td>316</td> <td>x</td> <td>9.00</td> <td>= 2844.00</td> </tr> <tr> <td>Independent Claims</td> <td>9</td> <td>-3** =</td> <td>6</td> <td>x</td> <td>42.00</td> <td>= 252.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>140.00</td> <td>= 140.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td colspan="3" style="text-align: right;">(\$ 3236.00)</td> <td></td> </tr> </table> </td> <td colspan="2" style="text-align: center;">*Reduced by Basic Filing Fee Paid</td> </tr> <tr> <td colspan="6"></td> <td colspan="2" style="text-align: center;">SUBTOTAL (3) (\$ 0.00)</td> </tr> </table> </td> </tr> <tr> <td colspan="6" style="text-align: center;">**or number previously paid, if greater. For Reissues, see above</td> <td></td> </tr> <tr> <td colspan="6" style="text-align: center;">SUBMITTED BY</td> <td style="text-align: center;">Complete (if applicable)</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="2">Eric H. Witt</td> <td>Registration No. (Attorney/Agent)</td> <td colspan="2">44,408</td> <td>Telephone (650) 813-5755</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> <td>Date</td> <td colspan="3">September 11, 2003</td> </tr> </table>						METHOD OF PAYMENT (check all that apply)						<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None		<input checked="" type="checkbox"/> Deposit Account						Deposit Account Number 03-1952						Deposit Account Name Morrison & Foerster LLP						The Director is hereby authorized to: (check all that apply)						<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments					<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application						<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.						FEE CALCULATION						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6" style="text-align: center;">1. BASIC FILING FEE</td> </tr> <tr> <td style="text-align: center;">Large Entity</td> <td style="text-align: center;">Small Entity</td> <td colspan="4"></td> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td>1001</td> <td>750</td> <td>2001</td> <td>375</td> <td colspan="2">Utility filing fee</td> <td>375.00</td> </tr> <tr> <td>1002</td> <td>330</td> <td>2002</td> <td>165</td> <td colspan="2">Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>520</td> <td>2003</td> <td>260</td> <td colspan="2">Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>750</td> <td>2004</td> <td>375</td> <td colspan="2">Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td colspan="2">Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td colspan="3" style="text-align: right;">(\$ 375.00)</td> <td></td> </tr> <tr> <td colspan="6"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6" style="text-align: center;">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">Extra Claims</td> <td style="text-align: center;">Fee from below</td> <td colspan="3">Fee Paid</td> </tr> <tr> <td>Total Claims</td> <td>336</td> <td>-20** =</td> <td>316</td> <td>x</td> <td>9.00</td> <td>= 2844.00</td> </tr> <tr> <td>Independent Claims</td> <td>9</td> <td>-3** =</td> <td>6</td> <td>x</td> <td>42.00</td> <td>= 252.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>140.00</td> <td>= 140.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td colspan="3" style="text-align: right;">(\$ 3236.00)</td> <td></td> </tr> </table> </td> <td colspan="2" style="text-align: center;">*Reduced by Basic Filing Fee Paid</td> </tr> <tr> <td colspan="6"></td> <td colspan="2" style="text-align: center;">SUBTOTAL (3) (\$ 0.00)</td> </tr> </table>						1. BASIC FILING FEE						Large Entity	Small Entity					Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	1001	750	2001	375	Utility filing fee		375.00	1002	330	2002	165	Design filing fee			1003	520	2003	260	Plant filing fee			1004	750	2004	375	Reissue filing fee			1005	160	2005	80	Provisional filing fee			SUBTOTAL (1)			(\$ 375.00)				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6" style="text-align: center;">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">Extra Claims</td> <td style="text-align: center;">Fee from below</td> <td colspan="3">Fee Paid</td> </tr> <tr> <td>Total Claims</td> <td>336</td> <td>-20** =</td> <td>316</td> <td>x</td> <td>9.00</td> <td>= 2844.00</td> </tr> <tr> <td>Independent Claims</td> <td>9</td> <td>-3** =</td> <td>6</td> <td>x</td> <td>42.00</td> <td>= 252.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>140.00</td> <td>= 140.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td colspan="3" style="text-align: right;">(\$ 3236.00)</td> <td></td> </tr> </table>						2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE								Extra Claims	Fee from below	Fee Paid			Total Claims	336	-20** =	316	x	9.00	= 2844.00	Independent Claims	9	-3** =	6	x	42.00	= 252.00	Multiple Dependent					140.00	= 140.00	SUBTOTAL (2)			(\$ 3236.00)				*Reduced by Basic Filing Fee Paid								SUBTOTAL (3) (\$ 0.00)		**or number previously paid, if greater. For Reissues, see above							SUBMITTED BY						Complete (if applicable)	Name (Print/Type)	Eric H. Witt		Registration No. (Attorney/Agent)	44,408		Telephone (650) 813-5755	Signature			Date	September 11, 2003		
METHOD OF PAYMENT (check all that apply)																																																																																																																																																																																																																									
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None																																																																																																																																																																																																																					
<input checked="" type="checkbox"/> Deposit Account																																																																																																																																																																																																																									
Deposit Account Number 03-1952																																																																																																																																																																																																																									
Deposit Account Name Morrison & Foerster LLP																																																																																																																																																																																																																									
The Director is hereby authorized to: (check all that apply)																																																																																																																																																																																																																									
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments																																																																																																																																																																																																																								
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application																																																																																																																																																																																																																									
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																																																																																																																																																																									
FEE CALCULATION																																																																																																																																																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6" style="text-align: center;">1. BASIC FILING FEE</td> </tr> <tr> <td style="text-align: center;">Large Entity</td> <td style="text-align: center;">Small Entity</td> <td colspan="4"></td> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td>1001</td> <td>750</td> <td>2001</td> <td>375</td> <td colspan="2">Utility filing fee</td> <td>375.00</td> </tr> <tr> <td>1002</td> <td>330</td> <td>2002</td> <td>165</td> <td colspan="2">Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>520</td> <td>2003</td> <td>260</td> <td colspan="2">Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>750</td> <td>2004</td> <td>375</td> <td colspan="2">Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td colspan="2">Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td colspan="3" style="text-align: right;">(\$ 375.00)</td> <td></td> </tr> <tr> <td colspan="6"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6" style="text-align: center;">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">Extra Claims</td> <td style="text-align: center;">Fee from below</td> <td colspan="3">Fee Paid</td> </tr> <tr> <td>Total Claims</td> <td>336</td> <td>-20** =</td> <td>316</td> <td>x</td> <td>9.00</td> <td>= 2844.00</td> </tr> <tr> <td>Independent Claims</td> <td>9</td> <td>-3** =</td> <td>6</td> <td>x</td> <td>42.00</td> <td>= 252.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>140.00</td> <td>= 140.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td colspan="3" style="text-align: right;">(\$ 3236.00)</td> <td></td> </tr> </table> </td> <td colspan="2" style="text-align: center;">*Reduced by Basic Filing Fee Paid</td> </tr> <tr> <td colspan="6"></td> <td colspan="2" style="text-align: center;">SUBTOTAL (3) (\$ 0.00)</td> </tr> </table>						1. BASIC FILING FEE						Large Entity	Small Entity					Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	1001	750	2001	375	Utility filing fee		375.00	1002	330	2002	165	Design filing fee			1003	520	2003	260	Plant filing fee			1004	750	2004	375	Reissue filing fee			1005	160	2005	80	Provisional filing fee			SUBTOTAL (1)			(\$ 375.00)				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6" style="text-align: center;">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">Extra Claims</td> <td style="text-align: center;">Fee from below</td> <td colspan="3">Fee Paid</td> </tr> <tr> <td>Total Claims</td> <td>336</td> <td>-20** =</td> <td>316</td> <td>x</td> <td>9.00</td> <td>= 2844.00</td> </tr> <tr> <td>Independent Claims</td> <td>9</td> <td>-3** =</td> <td>6</td> <td>x</td> <td>42.00</td> <td>= 252.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>140.00</td> <td>= 140.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td colspan="3" style="text-align: right;">(\$ 3236.00)</td> <td></td> </tr> </table>						2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE								Extra Claims	Fee from below	Fee Paid			Total Claims	336	-20** =	316	x	9.00	= 2844.00	Independent Claims	9	-3** =	6	x	42.00	= 252.00	Multiple Dependent					140.00	= 140.00	SUBTOTAL (2)			(\$ 3236.00)				*Reduced by Basic Filing Fee Paid								SUBTOTAL (3) (\$ 0.00)																																																																																															
1. BASIC FILING FEE																																																																																																																																																																																																																									
Large Entity	Small Entity																																																																																																																																																																																																																								
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid																																																																																																																																																																																																																			
1001	750	2001	375	Utility filing fee		375.00																																																																																																																																																																																																																			
1002	330	2002	165	Design filing fee																																																																																																																																																																																																																					
1003	520	2003	260	Plant filing fee																																																																																																																																																																																																																					
1004	750	2004	375	Reissue filing fee																																																																																																																																																																																																																					
1005	160	2005	80	Provisional filing fee																																																																																																																																																																																																																					
SUBTOTAL (1)			(\$ 375.00)																																																																																																																																																																																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6" style="text-align: center;">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">Extra Claims</td> <td style="text-align: center;">Fee from below</td> <td colspan="3">Fee Paid</td> </tr> <tr> <td>Total Claims</td> <td>336</td> <td>-20** =</td> <td>316</td> <td>x</td> <td>9.00</td> <td>= 2844.00</td> </tr> <tr> <td>Independent Claims</td> <td>9</td> <td>-3** =</td> <td>6</td> <td>x</td> <td>42.00</td> <td>= 252.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>140.00</td> <td>= 140.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td colspan="3" style="text-align: right;">(\$ 3236.00)</td> <td></td> </tr> </table>						2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE								Extra Claims	Fee from below	Fee Paid			Total Claims	336	-20** =	316	x	9.00	= 2844.00	Independent Claims	9	-3** =	6	x	42.00	= 252.00	Multiple Dependent					140.00	= 140.00	SUBTOTAL (2)			(\$ 3236.00)				*Reduced by Basic Filing Fee Paid																																																																																																																																																																										
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																																																																																																																																																																																																									
		Extra Claims	Fee from below	Fee Paid																																																																																																																																																																																																																					
Total Claims	336	-20** =	316	x	9.00	= 2844.00																																																																																																																																																																																																																			
Independent Claims	9	-3** =	6	x	42.00	= 252.00																																																																																																																																																																																																																			
Multiple Dependent					140.00	= 140.00																																																																																																																																																																																																																			
SUBTOTAL (2)			(\$ 3236.00)																																																																																																																																																																																																																						
						SUBTOTAL (3) (\$ 0.00)																																																																																																																																																																																																																			
**or number previously paid, if greater. For Reissues, see above																																																																																																																																																																																																																									
SUBMITTED BY						Complete (if applicable)																																																																																																																																																																																																																			
Name (Print/Type)	Eric H. Witt		Registration No. (Attorney/Agent)	44,408		Telephone (650) 813-5755																																																																																																																																																																																																																			
Signature			Date	September 11, 2003																																																																																																																																																																																																																					